

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000851

STATE FILE NUMBER

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 45

FILED FEB 5 1962

1. PLACE OF DEATH

a. COUNTY

MILLER CO.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

admission)

MISSOURI MILLER

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

JEFFERSON CITY 12 DAYS

c. CITY OR TOWN

ST. ELIZABETH

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION

Inside Limits

ST. MARYS HOSPITAL

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

ST. ELIZABETH MO.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

AUGUST FRANK SCHANZMEYER

4. DATE OF DEATH

Month

Day

Year

JAN. 25 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

MAY 28 1883

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

WESTPHALIA MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOE SCHANZMEYER

13b. MOTHER'S MAIDEN NAME

CATHERINE BERTELS

14. NAME OF HUSBAND OR WIFE

CECILIA SCHANZMEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO.

16. SOCIAL SECURITY NO.

17. INFORMANT

CECILIA SCHANZMEYER

Address

ST. ELIZABETH MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral - bilateral

INTERVAL BETWEEN ONSET AND DEATH

1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

condition given in PART I (a)

Arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 13/62 to Jan 25/62

and last saw him alive on

Jan 25/62

Death occurred at

6:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

JAN. 29 1962

23c. NAME OF CEMETERY OR CREMATORY

ST. LAWRENCE CEMETERY

23d. LOCATION (City, town, or county)

MILLER COUNTY MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Shema Mo.

25. DATE RECD. BY LOCAL REG.

27 January 1962

26. REGISTRAR'S SIGNATURE

R. Harris, M.D. N. Richter, Reg.

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1962

FEB 15 1962

FEB 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Jay A. Steverson, Student Embalmer No. 654
working under my personal supervision.

Student Jay A. Steverson
Signature of Student Embalmer

Signed

J. L. Steverson
Licensed Embalmer No. 4073

P. O. Address

Stouffer Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.